

BENIN AND HIV/AIDS

Key Talking Points

Benin is among the few African countries where HIV prevalence rates have remained relatively low. However, UNAIDS projections into 2025 estimate the HIV prevalence rate in Benin could reach 10 to 20 percent:

- An estimated 108,000 adults 15 to 49 years old were living with HIV/AIDS in 1996.
- Over 24,127 cases of AIDS have occurred in adults and children since the beginning of the epidemic and over 21,500 of these cases have resulted in death.
- The overall HIV-prevalence rate increased from 0.32 percent in 1990 to 3.15 percent in 1996. In 1997 alone, an estimated 1,030 new cases of AIDS were reported.

Women and HIV/AIDS About half the HIV/AIDS cases in Benin are women. In 1996 the HIV prevalence rate among pregnant women was 3.15 percent, and in 1994 the rate among sex workers in Cotonou was 51 percent.

Children and HIV/AIDS It is estimated that by 2005 the infant mortality rate will be 3.3 percent higher than it would have been in the absence of AIDS. In 1996 an estimated 12,000 children were living with HIV/AIDS and an estimated 6,592 pediatric AIDS cases had been reported. Of these cases, 6,510 have resulted in death.

Youth and HIV/AIDS In 1997 over one-third of reported AIDS cases in Benin were 15- to 29-year-olds, and the 1996 HIV-prevalence rate among 20- to 24-year-olds was 4 percent. More than half the adolescent female population have had at least one pregnancy by the end of their teens, and these women (15 to 24 years old) have the highest HIV prevalence rate among pregnant women.

USAID is the largest supporter of HIV/AIDS programs and contributed \$1.5 million in FY 1998. USAID/Benin's condom social marketing program is the major national HIV/AIDS prevention activity.

National Response There is a lack of government commitment in the implementation of a multisectoral response, compounded by a lack of coordination and management capacity. This situation is further compounded by limited appreciation and understanding of the potentially serious impact of HIV/AIDS on society. An expanded national, multisectoral response to HIV/AIDS is needed, in addition to continued aggressive public outreach campaigns and education interventions targeting key high-risk populations.



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Country Profile

The Republic of Benin is prominent in West Africa due to its remarkable 1990s transition to a democratic, free-market society. Although its economy is improving, Benin remains one of Africa's poorest countries. Nearly 70 percent of the population live on the 12 percent of the land closest to the Atlantic Ocean. Only half the population have easy access to general health care services and only one-fifth actually use them.

Infant, child, and maternal mortality rates, although falling, are among the highest in West Africa. Contraceptive prevalence is low, reported at 3 percent for modern methods, and the fertility rate is over six children per woman. With an annual population growth rate of 3.2 percent, Benin's population of six million will double in 22 years, adversely affecting the gains made by economic expansion.

HIV/AIDS in Benin

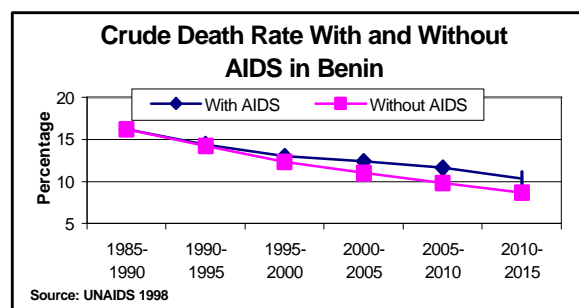
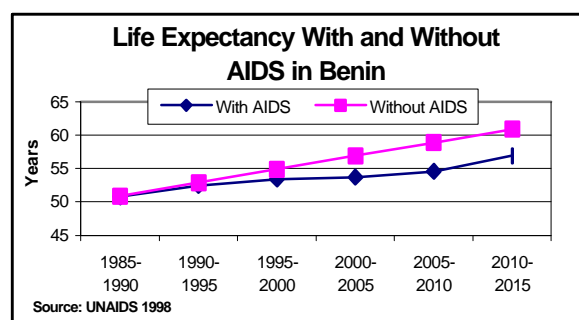
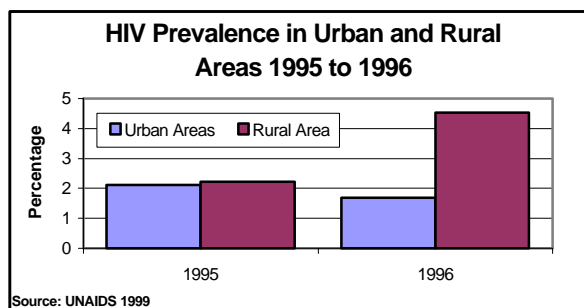
The first case of AIDS was reported in Benin in 1985. As of 1997, 2,275 cases had been reported. This number, however, probably represents only about 10 percent of actual cases, due to lack of a comprehensive reporting system and undiagnosed cases.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) has reported the following for Benin:

- In 1996 an estimated 108,000 adults and children were living with HIV/AIDS.
- By 1996 an estimated 24,127 cases of AIDS had occurred and over 21,500 of those cases had resulted in death.

The age groups most severely affected are 30- to 39-year-olds (33.8 percent) and 20- to 29-year-

olds (29.2 percent). The overall HIV-prevalence rate increased from 0.32 percent in 1990 to 3.15 percent in 1996, with heterosexual transmission accounting for 82 percent of the cases (followed by mother-to-child transmission). In addition, the latest surveillance results show the epidemic to be spreading quickly to rural areas, where the 1996 rate was 4.5 percent, in comparison with urban areas, where the prevalence was 1.7 percent.



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UNAIDS projections into 2025 estimate the HIV prevalence rate in Benin could reach 10 to 20 percent, depending on the effectiveness of prevention and control programs implemented now. In the case of a controlled epidemic (10 percent prevalence rate), 803,000 people will be infected with HIV/AIDS by 2025. In the case of an uncontrolled epidemic (20 percent prevalence rate), that number rises to 1,480,000 persons infected.

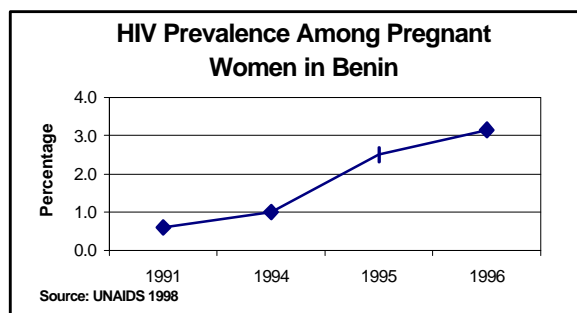
The epidemic is linked to vulnerability risk factors such as the increase of out-of-school youth, high unemployment levels, poverty, the weak social and economic status of women, early initiation of sexual activity, high rates of illiteracy (especially among women), difficulty accessing health structures and information in the rural milieu, and the lack of proper sexually transmitted infection (STI) care.

Women and HIV/AIDS

As in many other countries, women's low social and economic status in Benin, combined with greater biological susceptibility to HIV, put them at greater risk of infection. Poor economic conditions, which make it difficult for women to access health and social services, compound this vulnerability.

- Women represent 50 percent of the adult cases of HIV in Benin.
- In 1996 the HIV prevalence rate among pregnant women was 3.15 percent.

- In 1994 the HIV prevalence rate among sex workers in Cotonou was 51 percent.



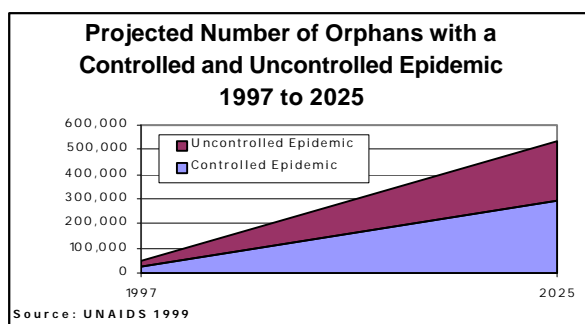
Children and HIV/AIDS

The HIV epidemic has a disproportionate impact on children, causing high morbidity and mortality rates among infected children and orphaning many others. In Benin, where 49 percent of the population is under age 15, approximately 30 to 40 percent of infants born to HIV-positive mothers will also become infected with HIV.

Most of these infants will develop AIDS and die within two years. Benin's infant mortality rate is currently on the decline. However, it is estimated that by 2005 the infant mortality rate will be 3.3

percent higher than it would have been in the absence of AIDS.

- In 1996 an estimated 12,000 children were living with HIV/AIDS.
- As of 1996 an estimated 6,592 pediatric AIDS cases had been reported. Of these cases, 6,510 have resulted in death.
- Over 17,000 children under age 15 have become orphans since the beginning of the epidemic.



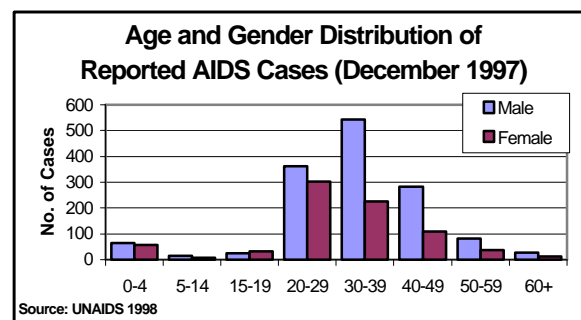
The projected annual number of deaths for children under age 5 will be between 6,000 and 11,000 by 2025. In addition, between 290,000 and 534,000 children will become orphans. The difference in these numbers will be determined by the effectiveness of the HIV/AIDS prevention and control activities implemented now.

Youth and HIV/AIDS

Most HIV infections occur among young people in their teens and 20s. Since the incubation period from HIV infection to AIDS is between five to ten years for adults, the majority of AIDS cases are occurring in young adults 20 to 39 years old, during their most productive years.

- In 1997 over one-third of reported AIDS cases in Benin were 15- to 29-year-olds.
- In 1996 HIV prevalence among 20- to 24-year-olds was 4 percent.

Adolescents are particularly vulnerable to HIV infection due to high-risk behaviors such as multiple sex-partnering, drug and alcohol use, and low perception of personal risk. Young women have an even greater susceptibility to HIV due to biological, social and cultural factors. The early onset of sexual activity, lower levels of education (in comparison with men), and the inability to



negotiate sex increases young women's risk for STIs and HIV infection.

- Over 55 percent of women have had at least one pregnancy by the end of their teens.
- Women 15 to 24 years old have the highest HIV prevalence rate among pregnant women.
- Over 35 percent of reported AIDS cases are women 20 to 29 years old.

Socioeconomic Effects of HIV/AIDS

About 90 percent of reported AIDS cases are 20 to 49 years old. Since this age group constitutes the most economically productive segment of the population, an important economic burden is created. Productivity falls and business costs rise—even in low-wage, labor-intensive industries—as a result of absenteeism, the loss of employees to illness and death, and the need to train new employees. The diminished labor pool affects economic prosperity, foreign investment, and sustainable development. The agricultural sector likewise feels the effects of HIV/AIDS; a loss of agricultural labor is likely to cause farmers to switch to less-labor-intensive crops. In many cases this implies switching from export crops to food crops—thus affecting the production of cash and food crops.

There are also many private costs associated with AIDS, including expenditures for medical care, drugs, funeral expenses, etc. The death of a family

member leads to a reduction in savings and investment, and increased depression among remaining family members. Women are most affected by these costs and experience a reduced ability to provide for the family when forced to care for sick family members. AIDS also adversely affects children, who lose proper care and supervision when parents die. Some children will lose their father or mother to AIDS, but many more will lose both parents, causing a tremendous strain on social systems. At the family level there will be increased pressure and stress on the extended family to care for these orphans; grandparents will be left to care for young children and 10- to 12-year-olds become heads of households.

(For country-specific information on the socioeconomic impact of HIV/AIDS refer to the *analysis* presented by the Policy Project.)

Interventions

National Response

In response to the first reported cases of HIV/AIDS in Benin, the government established the Programme National de Lutte contre le SIDA (PNLS) under the auspices of the Ministry of Health, and with financial and technical assistance from the World Health Organization (WHO). A short-term plan was put into place covering the period 1987 to 1988, followed by the first Medium Term Plan covering the period 1989 to 1993. In 1996, PNLS adopted the second Medium Term Plan (effective 1997 to 2001), which represents a multisectoral response and under which the following strategies have been adopted in an effort to prevent and control the spread of HIV/AIDS and other STIs:

- Educate the general public on HIV/AIDS modes of transmission and prevention through information, education and communication (IEC) activities, mass media campaigns, billboards in local languages, and films and theater.
- Encourage the participation of nongovernmental organizations (NGOs) and traditional and religious leaders in all regions in the fight against AIDS.
- Improve the case management of STIs, including the use of the syndromic approach.

- Promote the use of condoms (including the female condom).
- Establish an effective system of sentinel surveillance.
- Ensure adequate blood screening procedures.
- Improve counseling and services for pregnant women and couples in an effort to reduce the transmission of HIV from mother to child.
- Improve care and support for people living with HIV/AIDS (PLWHA) and their families.
- Elaborate policies and laws to protect the rights of PLWHA, as well as protecting those persons not infected.

In addition to the above-mentioned strategies, the current PNLS plan seeks to reduce the social and economic impact of AIDS on infected persons, their families, and the general population, and create a favorable environment for the management, coordination, planning and evaluation of the multisectoral response.

Since 1994, STI treatment has been integrated into primary health care services. Algorithms for STI management were developed under the coordination and supervision of PNLS.

Donors

Multilateral and bilateral donors are actively engaged in HIV/AIDS activities in Benin. According to a UNAIDS/Harvard University

study, bilateral organizations contributed the following amounts:

Organization	Amount US\$
USAID (1997-98)	2,900,000
CIDA (1996-99)	1,495,469
FAC (1996-00)	667,000
EU (1997-98)	261,000
Total	5,323,469

Bilateral organizations' contributions 1996-2000

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USAID has introduced new strategies and refined existing ones to maximize program effectiveness in the health and education sectors. The mission's new integrated program has a geographic focus in Borgou, the northernmost region of Benin. The program emphasizes decentralization to achieve results, seeking to strengthen the role of local communities and civil society in the management and financing of health centers and schools as an integral part of its health and education objectives.

USAID's HIV/AIDS funding for FY 1998 was \$1.5 million. USAID/Benin is working to increase the use of HIV/STI services and prevention measures within a supportive policy environment. Specifically, the mission strives to increase access to services and products, improve the quality of management and prevention services, and increase the demand for and practices supporting the use of these services, products, and prevention measures.

USAID/Benin's condom social marketing program is the major national HIV/AIDS prevention activity. USAID also supports a variety of other IEC-related activities, including training of outreach workers to promote HIV/STI sensitivity in the community, capacity-building for women's professional groups active in HIV/STI prevention and control, and development of advocacy tools for improved AIDS policies. USAID also provides support to the PNLS to improve management capacity and clarify the program's coordinating role.

The Implementing AIDS and Prevention and Care (IMPACT) Project, implemented by Family Health International, assists missions in implementing programs that result in reduced sexual risk of HIV acquisition, improved STI prevention and management, minimizing contextual and policy constraints, increasing linkages between prevention and care, and improving program monitoring and evaluation.

Social marketing activities implemented by Population Services International (PSI) with the

Benin Association for Social Marketing have been expanded to three northern regions of Benin to increase access to condoms. During 1997, 463 new sales points were established and over three million condoms were distributed. In addition, roughly 1,500 community-based distributors were trained. PSI also conducts AIDS awareness and prevention events.

The French Cooperation (FAC) supports an IEC program, epidemiological surveillance, training of PNLS personnel, and an information and counseling center.

The European Union (EU) supports education activities involving PLWHA and support services for PLWHA, in addition to a program for the distribution of educational brochures.

The German Federal Ministry for Economic Cooperation and Development (GTZ) has contributed approximately DM 406,150 in 1998 to support training of health agents; purchase of HIV testing materials; condom use studies; support to the women and AIDS agenda; materials development; and contributions to salaries of certain personnel.

The Canadian International Development Agency (CIDA) is also supporting a large HIV/AIDS/STI prevention program in Benin. Activities under this program include training, supervision and monitoring of health care personnel with respect to STI case management, the supply of essential drugs to health facilities, community participation activities and operations research.

UNAIDS has a coordinating Theme Group based in Benin, comprised of members from UNDP, WHO, UNESCO, UNFPA, the World Bank, WFO, FAO and UNHCR. The chairperson rotates every six months.

Support from the UNAIDS cosponsors in 1996-97 and 1998-99 included the following:

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Organization	Amount US\$ 1996-97	Amount US\$ 1998-99
UNAIDS	424,615	140,000
UNDP	237,200	177,000
WHO	35,500	29,500
UNICEF	54,000	20,747
Total	751,315	367,247

UNAIDS cosponsor support 1996-1999

(Source: UNAIDS/Harvard University)

The UNAIDS theme group works in five principal areas:

- Institutional support to PNLs.
- Creation of a medical structure for the care and support of PLWHA.
- Training of health personnel.
- Home-based care initiatives.
- Care and support for AIDS orphans.

UNICEF is supporting projects to train health personnel in the syndromic approach to STI case management and IEC activities, in addition to providing logistical support, equipment and medicines.

UNDP supports PNLs in the implementation of its second Medium Term Plan in terms of technical assistance and coordination of the multisectoral

response. UNDP seeks to improve the capacity of PNLs to manage, coordinate, plan, and evaluate its AIDS program, and to reduce the social and economic impact of the epidemic on PLWHA and the general population.

WHO has provided support to PNLs in terms of epidemiologic surveillance, human resources, IEC, equipment, sponsorship to international forums, and technical assistance in the development and coordination of the national response.

The World Bank is supporting the government to upgrade the health infrastructure and focus on strengthening priority health programs and disease interventions, including HIV/AIDS and STIs. In 1995 the World Bank approved a \$27.8 million loan, of which \$1.2 million was allocated for HIV/AIDS activities.

Private Voluntary Organizations (PVOs) and Nongovernmental Organizations (NGOs)

A number of PVOs implement activities funded by multilateral and bilateral donors. NGOs also receive funding from a variety of sources and carry out most of the HIV/AIDS prevention and care activities in Benin. *See attached chart for USAID cooperating agencies and PVO target areas in HIV/AIDS.*

An NGO coalition called the Réseau des ONG Beninoises de Santé (ROBS) was formed in May

1997. As of December 1998 it had 54 NGO members. ROBS' mission is to coordinate the initiatives and actions of NGOs and offer a consultation framework for reflection and technical assistance in order to develop community health in all the localities of Benin on a durable basis conforming to the national health policy.

Challenges

Major constraints to HIV/AIDS control in Benin include:

- Lack of government commitment in the implementation of a multisectoral response,

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- compounded by a lack of coordination and management capacity.
- Poverty, illiteracy, and lack of access to health services.
- PNLS dependency on donor funding.
- The slow pace of behavior change and low perception of risk among the general population.
- Lack of civil society participation in prevention efforts.

The Future

Benin is among the few African countries where HIV prevalence rates have remained relatively low. However, maintaining that status requires an immediate and ongoing response to prevention and control activities. In addition to government efforts, community participation at all levels is essential for effective HIV/AIDS care, prevention, and support activities. An expanded national response to HIV/AIDS must involve many different government ministries and departments, NGOs, the private sector, and PLWHA.

There is limited appreciation and understanding of the potentially serious impact of HIV/AIDS on society. Aggressive public outreach campaigns and education interventions must continue to target key high-risk populations, such as sex workers, migrant populations and adolescents. In addition, improved access to, demand for, and quality of reproductive health services, and in particular, STI diagnosis and treatment services, are essential at this stage of the epidemic.

Important Links and Contacts

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2. UNAIDS, Dr. Mamoudou Diallo, UNAIDS Focal Point, c/o UNDP, BP 506, Cotonou; Tel. (229) 31 54 88; Fax (229) 31 57 86



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Benin

Organization	Intervention																
	Advoc.	BCI	Care/S	Training	Cond.	SM	Eval.	HR	IEC	MTCT	Research	Policy	STD	VCT	Orphan	TB	Other

Cooperating Agencies

JSI/FPLM					X												
TFGI/Policy Project	X											X					

PVOs/NGOs

PATH		X		X	X		X	X	X		X		X	X			
Catholic Relief Services			X	X			X		X						X		
Civil/Military Alliance to Combat HIV/AIDS	X			X				X				X					

KEY:	Advoc.	Advocacy	MTCT	Mother to Child Transmission
	BCI	Behavior Change Intervention	Research	activities
	Care/S	Care & Support Activities	Policy	HIV/AIDS research activities
	Training	HIV/AIDS training programs	STD	Policy monitoring or development
	Cond.	Condom Distribution	VCT	STD services or drug distribution
	SM	Social Marketing	Orphan	Voluntary counseling and testing
	Eval.	Evaluation of several projects	TB	AIDS orphan activities
	HR	Human Rights activities	Other	TB control
	IEC	Information, education, communication activities		(I.e. blood supply, etc.).